

# **Specialized Intermediate Care Facility for the Developmentally Disabled Program**

**PROPOSAL FOR THE RENEWAL OF  
Florida's Section 1915(b)(4)  
Selective Contracting Waiver Program**



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# **PROPOSAL FOR RENEWAL OF FLORIDA'S SECTION 1915(b)(4) SELECTIVE CONTRACTING WAIVER PROGRAM**

## **I. INTRODUCTION**

The basic concept of the waiver continues to be provision of access to high quality Specialized ICF/DD services, designed to meet the needs of persons with developmental disabilities with limited and minimal levels of need. Specialized ICFs/DD are required to be Medicaid certified and licensed by the State of Florida, subject to all existing Federal and State requirements for ICFs/DD (ICFs/MR). Providers must agree to meet special program requirements. Specialized ICF/DD providers must provide ICF/DD services that include service components focused on reintegration into the community. These components include:

- Individualized behavioral services to minimize problem behaviors that present barriers to independent living in the community
- Self-management services designed to provide recipient education and training that enable the recipient to return to the community
- Enhanced discharge planning and “after care” services to maximize the potential for successful transition to a community setting

Participating providers must provide all of the services included in the Specialized ICF/DD program. ICF/DD providers are enrolled in the Florida Medicaid program and all claims for payment are processed through the Florida Medicaid Management Information System (FMMIS).

The Department of Children and Family Services, Developmental Disabilities program maintains a Central Admissions Tracking System for ICF/DD placements for persons requesting ICF/DD services. The Developmental Disabilities program is the Agency's designee for the determination of medical necessity for ICF/DD services, including Specialized ICF/DD services, and coordinates and authorizes admissions to appropriate providers. (See Appendix B for the Central Admissions Policy for ICFs/DD).

Recipients enrolled under the program are restricted to receive services included under the waiver from selected providers under contract with the State to provide Specialized ICF/DD services.

## FLORIDA UPDATE

Since the establishment of this 1915(b)(4) waiver, only one person with LON 1 or 2 has requested and chosen placement through this Specialized ICF/DD waiver. There were two siblings who initially requested placement under this waiver, however, only one has followed through to choose placement under the Specialized ICF/DD waiver.

The single waiver recipient requested placement under this waiver on 3/8/01 and was authorized for admission on 3/30/01. Placement occurred on 5/22/01 at Sunland, Marianna.

The sibling also requested placement under this waiver on 3/8/01 and was authorized for admission on 3/30/01, but placement was declined. The case was closed and the family moved to another area of the state. A second request for placement under this waiver was received for the same individual on 8/15/01 and authorization for admission was given on 11/27/01 for two different facilities. The client/family have not yet officially declined placement, however the mother has indicated that she will only accept a private room for the client in any facility.

A printout from the Central Admissions Tracking Coordinator is available, indicating the dates and outcomes of these two requests and one placement.

Though the demand for this waiver has not been high, Florida wishes to maintain the possibility of placement under this waiver for persons with LON 1 or 2. It is therefore critical that the renewal take place, to ensure that persons with LON 1 or 2 may have the choice of being served in an ICF/DD through this Specialized ICF/DD Waiver.

## II. GENERAL DESCRIPTION OF THE WAIVER PROGRAM

- A. **The State of Florida** requests the renewal of a waiver under the authority of Section 1915(b)(4) of the Social Security Act (the Act). The waiver program is operated directly by the Medicaid agency.
- B. **Effective Dates.** This renewal is requested for a period of 2 years; effective May 24, 2002 and ending May 24, 2004.
- C. **Name of the Waiver Program.** The waiver program is called Specialized Intermediate Care Facility for the Developmentally Disabled Program.

- D. Geographical Areas.** This waiver program is implemented statewide.
- E. State Contact.** The State contact person for this waiver is Martha Creel, who can be reached by telephone at (850) 487-3028.
- F. Statutory Authority.** The State's waiver program is authorized under **Section 1915(b)(4) of the Act** under which the State restricts the provider from or through whom a recipient can obtain medical care.

Relying upon the authority of the above section(s), the State requests renewed waiving of the following Sections of 1902 of the Act:

**1. Section 1902(a)(0)(B) – Comparability of Services.**

This section of the Act requires all services for categorically needy individuals to be equal in amount, duration and scope. This waiver program includes additional benefits such as case management and health education that will not be available to other Medicaid recipients not enrolled in the waiver program.

Comparability is waived because some recipients have access to Specialized ICF/DD program components provided under this waiver. These components may not be available to other recipients residing in ICFs/DD not included in this waiver program.

**2. Section 1902(a)(23) – Freedom of Choice.**

This section of the Act requires Medicaid State Plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted. That is, individuals in this waiver are constrained to receive waiver services from selected providers.

**G. Recipient Figures.** The expected number of Medicaid recipients that could be impacted by the renewed waiver is 13,181 (Community Population Total, LON 1,2).

**H. Waiver Populations.** The waiver is limited to the following target groups of recipients:

- 1. Low income families with children described in Section 1931 of the Social Security Act.

2. Supplemental Security Income and SSI-related recipients including the optional categorically needy aged and disabled who have income at 90% of the Federal Poverty Level and individuals in institutions who are eligible under a special income level.
3. Other Criteria. This waiver is targeted to persons with mental retardation and developmental disabilities with a Level of Need limited or minimal (LON 1 or 2), as determined by the Agency's designee based on the results of an assessment of medical necessity for ICF/DD services.

**I. Excluded Populations.** The following recipients are excluded from participation in the waiver:

1. Recipients who are eligible for institutional care under the approved State Plan, including those eligible as medically needy;
2. Recipients who are residing in a nursing facility;
3. Recipients who have been assessed as having a limited level of need (LON 1) or minimal level of need (LON 2) and reside in an ICF/MR as of the effective date of this waiver, until such time as the individual elects an alternate placement; and
4. Recipients with mental retardation or developmental disabilities who have been assessed as having a moderate level of need (LON 3), extensive level of need (LON 4), or intensive level of need (LON 5). This includes individuals participating in a home and community-based waiver.

### **III. PROGRAM IMPACT**

This section provides information on (1) affected recipients, (2) services, and (3) waiver providers.

**A. Affected Recipients.**

1. **Implementation Process.** The services under this waiver are available statewide to any eligible recipients.

This waiver program is implemented to provide services to persons with mental retardation and developmental disabilities.

- 2. Notification Process.** Appendix B explains in detail the process through which recipients are notified of the waiver program provisions.
- 3. Recipient's Choice of Providers.** Refer to Appendix B for information related to contracted providers available throughout the state. Recipients must elect admission to a Specialized ICF/DD and will not be auto-assigned to a waiver provider if they do not choose.
- 4. Educational Materials.** The State provides the following recipient education materials listed below. All relevant recipient education materials, including the initial notification letter from the State, are described and most attached in Appendix B.
  - a. Brochures entitled "Medicaid Funded Services" and "Your Rights to a Fair Hearing," are provided to each applicant for services within the Developmental Disabilities Program.
  - b. Choice and Counseling materials including printed materials and a video are provided and discussed with each applicant and their guardian/family, to acquaint them with all possible services available through the Developmental Disabilities Program. One of the choices is ICF/DD placement, and for recipients with limited level of need (LON 1) or minimal level of need (LON 2), this waiver makes Specialized ICF/DD placement possible. (These materials cannot be attached due to their size, but are available if requested.)
  - c. A blank and an actual (with name removed) ICF/DD Notice of Eligibility Form.
  - d. An actual ICF/DD Designated Preference Form Notice (letter with name removed).
  - e. An actual ICF/DD Designated Preference Form (with name removed) listing all available providers with vacancies at the time of application.
  - f. An ICF/DD Admission Authorization Form (with name removed) indicating the individual's selection of provider.
  - g. The DD Program Fair Hearing Request Form.
- 5. Languages.** The State has made a concerted effort to determine if and where significant numbers (10% or more) of non-English speaking recipients reside, and subsequently made the program educational materials available in the native languages of those groups.

Enrollment and other member materials are provided in English and in Spanish. A group of Hispanic citizens from various educational levels has been formed to work with the Developmental Disabilities Program to develop a translation list of terms that are not usual within the culture. These exact translations are then used when any new materials are translated so that terms are comparable throughout the system. Some materials are also available in Haitian Creole.

In fifteen of the sixty-seven counties in the state, Spanish is spoken by at least 10% of the population. These counties are: Broward, Charlotte, Collier, Dade, DeSoto, Gadsden, Glades, Hendry, Hillsborough, Indian River, Lee, Okeechobee, Palm Beach, Sarasota and St. Lucie. Haitian Creole, a spoken but not often written language, is spoken by at least 10% of the population in three counties. Some materials are available in Haitian Creole.

## **B. Services**

**1. Description of Services.** The only Medicaid services affected by the selective contracting process will be services in an Intermediate Care Facility for the Developmentally Disabled/Mentally Retarded, for individuals who are determined, in accordance with 1902(a)(31)(A), to be in need of such care.

This service is provided as an optional service under the State Plan with the following limitations:

- a. The recipient's need for ICF/DD services must be determined by the Agency's designee based on medical necessity.
- b. The Agency's designee will maintain a waiting list for persons who have been determined by the Agency's designee to be eligible for, require, and have chosen ICF/DD placement. The state is obligated to authorize admission within 90 days of the recipient's eligibility determination and request for placement.

**2. Emergency and Family Planning.** In accordance with regulations, freedom of choice of provider in cases of emergency and family planning services will not be restricted.



## **C. Selection and Availability of Providers**

- 1. Selection Criteria.** Providers were selected based on the outcome of an Invitation to Negotiate (ITN). Any additional potential providers must also meet the following qualifications to participate in the provision of Specialized ICF/DD services:

- Have a certificate of need issued prior to licensure;
- Be licensed in accordance with Chapters 393 and 409, Florida Statutes; and
- Be certified in accordance with 43 CFR Parts 442 and 483.

Providers were originally selected based on their response to the ITN for Specialized ICFs/DD. Contract negotiations were made on the best terms, conditions, and price obtainable by the State to meet its needs. During negotiations, each provider was required to give a final firm price, terms and conditions for specific contractual services offered. Upon completion of the negotiations, the State selected providers throughout the state that offered the contractual services with price, terms and conditions, which in the judgment of the State, best met the needs. This did not initially yield one contracted provider per Medicaid area. The State has been and is still prepared to contract with additional providers that meet the criteria as the demand increases beyond the initially contracted providers for placements under this waiver.

- 2. Numbers and Types of Qualifying Providers.** For the services covered by the selective contracting waiver, the chart below shows the numbers of Medicaid providers available to provide ICF/DD services to the waiver population. The chart compares the number of contracted providers and the number of providers to be contracted if needed under the waiver, with what existed prior to the waiver.

NUMBER OF PROVIDERS			
AREA	ICF/DD Facilities	Contracted for Specialized ICFs/DD Under the Waiver	Number To Be Contracted Additionally When Needed
1	6	-	1
2*	9	9	
3*	10	-	1
4	11	-	1
5	6	1	
6	5	1	
7	7	-	1
8*	5	3	
9	4	-	1
10	6	2	
11*	17	12	
<b>State</b>	<b>86 total</b>	<b>28 total</b>	<b>5 total</b>

\*One facility in this area is a public ICF/DD.

(A list of all ICFs/DD with description, is included in Attachment A.)

(A list of Specialized ICFs/DD with per diem rates is included in Attachment A.)

**3. Program Requirements.** Below is a description of provider qualifications and requirements under the waiver. Providers must:

- a. **Be Medicaid qualified providers** and agree to comply with all pertinent Medicaid regulations and State Plan standards regarding access to care and quality of service, and meet general qualifications for enrollment as a Medicaid provider;
- b. **Not refuse to provide services** to a waiver participant or otherwise discriminate against a participant solely on the basis of age, sex, race, physical or mental handicap, national origin, or type of illness or condition, except when that illness or condition can be better treated by another provider type; and
- c. **Have a certificate of need** issued prior to licensure;
- d. **Be licensed** in accordance with Chapters 393 and 409, Florida Statutes;

- e. **Be certified** in accordance with 42 CFR Parts 442 and 483; and,
- f. **Provide services** in accordance with the terms of a contract with the State of Florida.

**4. Provider/Beneficiary Ratio.** The chart below lists the expected average provider/beneficiary ratio for each geographical area of the program, and a statewide average. Area refers to established Medicaid service areas.

Column 1 indicates the ratio of facilities offering Specialized ICF/DD services presently under contract (28 statewide) with the number of Non HCBW- LON 1,2 persons estimated to demand placement (67 statewide). Column 2 indicates the ratio of those persons in areas presently without a contracted provider, with at least one provider added.

AREA	With Presently Contracted Providers Under the Waiver	With Additional Contracted Providers, When Needed
<b>1</b>	-	1:2**
<b>2</b>	1: .45*	-
<b>3</b>	-	1:6
<b>4</b>	-	1:6
<b>5</b>	1:3	-
<b>6</b>	1:9	-
<b>7</b>	-	1:10
<b>8</b>	1:12	-
<b>9</b>	-	1:5
<b>10</b>	1:2.5	-
<b>11</b>	1: .84	-
<b>State</b>	<b>1:2.4</b>	<b>1:2</b>

\*Contracted providers in some areas outnumber the expected demand.

\*\*Some areas presently have no contracted providers, but each is figured with one additional provider to meet the possible need.

**5. Change of Provider.** Waiver recipients may change providers with or without cause. However, a change of provider must be authorized by the State prior to admission to the new provider.

Recipients desiring a change of provider must notify their district Developmental Disabilities Program Office. Requests for a

change of provider must be made in writing and will be accommodated to the greatest extent possible.

**6. Provider's Change of Beneficiary.** Recipients are not assigned to providers in this waiver program. They are provided with a list of available facilities, elect an available provider, and then receive an authorization for admission. (See Appendix B). The State is obligated to authorize admission within 90 days of the recipient's eligibility determination and request for placement. The recipient is free to choose whether to proceed with admission or not. Providers may discharge recipients when the recipient requires a level of care no longer appropriate for the provider, or the recipient elects an alternative placement.

**7. Reimbursement of Providers.** Under this waiver, providers are reimbursed on a fee-for-service basis.

### **III. ACCESS TO CARE AND QUALITY OF SERVICES**

**A. General.** The beneficiary's access to quality medical services must at a minimum not be adversely affected by a 1915(b)(4) waiver program. A waiver must assure an adequate amount of services during reasonable time periods and within reasonable geographic distance from the residences of the individuals enrolled under the waiver. Furthermore, access to emergency services and family planning services must not be restricted.

**B. Grievance Process.** The following information describes the process that is in place to handle complaints and grievances under the waiver program. Beneficiaries must have available and be informed of a formal appeals process under 42 CFR Part 431, Subpart #E, which may lead to a Fair Hearing.

The Fair Hearing process is the same process utilized by the regular Medicaid program. The State of Florida assures that each Medicaid participant shall be given ten days written notice of any adverse action and shall have the right to appeal the action no later than 90 days from the date of the action by requesting a Fair Hearing. A request for a Fair Hearing may be filed in writing or verbally with the Office of Appeals Hearings. In order to be entitled to continuation of any services already being received, the individual has until the effective date of action to request a hearing. Benefits shall continue pending the Fair Hearing decision. A hearing shall be held within 90 days of the request. All clients are granted a Fair Hearing under 421 CFR Part 431. If the appeal is denied, the participant or his or his representatives shall be liable

for refunding payment for benefits received during the appeal process. (The Fair Hearing brochure is included in Appendix B.)

Specialized ICFs/DD shall develop an internal grievance and complaint process that actively engages recipients in problem solving. This process does not replace the Fair Hearing process, but is designed as a learning opportunity for recipients and providers. The provider is required to notify recipients of the State's Fair Hearing process whenever the grievance constitutes an adverse action. At all times, clients retain their right to file a request for a Fair Hearing in lieu of or in addition to filing a grievance.

**C. Monitoring Access.** The following information explains the State's plans to monitor and assure access to services under the waiver program.

**1. Service Access Areas.** The State will monitor and maintain the following areas of service access:

- a. time and distance;
- b. waiting times to obtain services;
- c. provider-to-beneficiary ratios; and
- d. beneficiary knowledge of how to appropriately access waiver services.

**2. Procedure for Monitoring.** The plan for monitoring procedures contained in the initial proposal has not been implemented as there has been only one individual during the two year period who chose to be served under this waiver process.

During the first year of the renewal, monitoring will begin. Beneficiary access to care will be monitored during the waiver period by the State as indicated below. Records will be maintained to identify lack of access trends and for reporting purposes. The following monitoring activities will be in effect to assure that beneficiary access to care is not substantially impaired.

- a. **Periodic comparison** of the numbers of providers available to the Medicaid recipients before and under the waiver will be conducted. The intent of this review is to monitor the impact of the waiver on access to providers.

- b. **Periodic comparison** of the number of providers-to-beneficiary ratios before and under the waiver will be conducted. The intent of this review is to monitor the impact of the waiver on provider-to-beneficiary ratios.
  - c. **Routine evaluation** of reports available from the Developmental Disabilities Central Admissions Coordinator. The intent of these evaluations is to monitor the impact of the waiver on waiting times to obtain services, trigger actions to increase service capacity as needed, and ensure recipients' access to services is furnished with reasonable promptness.
  - d. **Routine evaluation** of grievance reports.
  - e. **Periodic beneficiary surveys** (which contain questions concerning the beneficiaries' access to services) will be conducted. The intent of the survey is to assess the beneficiary knowledge of how to appropriately access services under the waiver.
3. **State Intervention.** If a problem is identified regarding access to care, the State will intervene. The State will employ the following intervention to correct identified access concerns.

The State will review the recipient's request for ICF/DD services and ensure that the recipient is fully informed of their choices for services, either community-based or Specialized ICF/DD services. In the event the recipient has not been fully informed, the State will provide the recipient with additional information.

The State will also work with the contracted providers in the recipient's geographic area to make available placements by facilitating appropriate discharges of residents who voluntarily elect to receive home and community-based services in lieu of institutional placement.

In the event access problems are not corrected as a result of these actions, the State will initiate the selection of additional providers as required to resolve access barriers.

- D. **Monitoring Quality of Services.** While ICFs/DD are monitored regularly for their general programming, no monitoring of quality of services under this waiver has been conducted. During the year that individuals request and receive services through this waiver, monitoring of quality of services of Specialized ICF/DD waiver

services will begin. The plan presented in the initial proposal is still in effect.

- 1. Licensure/Certification Surveys.** The State utilizes the existing ICF/DD quality monitoring system. The Agency for Health Care Administration's Division of Health Quality Assurance (HQA) conducts annual licensing and certification on-site surveys that monitor the provider's compliance with State and Federal ICF/DD requirements. In addition, HQA conducts site visits on all complaints. The outcome of annual or complaint visits ranges from a finding of no substantiation of the complaint to termination from the Medicaid program.

**Periodic Programmatic Reviews.** During the year that persons are actually receiving services through this waiver, the State will begin to conduct periodic programmatic reviews of selected providers. The review will be designed to ensure that programmatic terms, conditions and objectives of the contract are met. The State will evaluate the provider against the contract terms and conditions. Monitoring will involve a review of work products, reports and documentation received from the provider. On-site monitoring visits will incorporate reviews of claims files and medical records. On-site reviews will be conducted on a bi-annual schedule.

- 2. State Intervention.** If a problem is identified regarding quality of care, the State will intervene. The State may use any of the following interventions appropriate to identified quality concerns identified.

- a. Education and informal mailing
- b. Request that the provider respond to identified problems
- c. Referral to program staff for further investigation
- d. Warning letters
- e. Referral to State's medical staff for investigation
- f. Corrective action plans and follow-up
- g. Change beneficiary's provider
- h. Restriction on types of beneficiaries
- i. Further limits of the number of assignments
- j. Ban on new assignment of beneficiaries
- k. Transfer of some or all recipients to a different provider
- l. Imposition of fines as authorized under state law
- m. Suspension or termination as a waiver provider

Problems will be resolved through appropriate avenues, based on the type of problem identified with the State response commensurate with the severity of identified problem areas.

<b>Type of Problem</b>	<b>Response</b>
Recipient health and safety	Ranging from corrective action to provider termination from the Medicaid program. Immediate intervention by State staff when warranted, includes relocation of recipient(s) and emergency provider termination as appropriate.
Provider contract compliance	Ranging from provider education to provider termination as appropriate.
Claims integrity	Ranging from provider education to provider termination as appropriate.

## **VI. COST EFFECTIVENESS:**

**A. General.** In order to demonstrate cost effectiveness, a waiver request must show that the cost of the waiver program will not exceed what Medicaid's cost would have been in the absence of the waiver. The cost-effectiveness section provides a methodology to demonstrate that the waiver program is less costly than what costs are without the waiver.

The State used its Medicaid fee-for-service experience to develop the cost-effectiveness section of the waiver program. The State has calculated the cost of providing the waiver services under the waiver and provides a comparison to the projected cost without the waiver. The costs under the waiver are based on responses to the Invitation To Negotiate (ITN) from contracted providers. The amount of the savings is based on the discount from the State Plan rates from the ITN bids. To determine the net savings, the State added all additional costs associated with administering the waiver to the costs of delivering the waiver services under the waiver. This amount is compared to the costs of delivering the services without the waiver. All cost comparisons are made separately for each year of the waiver.

**B. Rationale for Expected Cost Savings.** The State realizes savings by contracting with providers for a negotiated per diem rate less than the current per diem rate for ICFs/DD. The new rate is 92% or less of the existing rate. Cost savings are also achieved as a result of the Specialized ICF/DD program with a focus on skills



development and assistance with transition back to the community. It is still anticipated that this program focus will result in a reduced length of stay. However, savings related to reductions in length of stay are speculative and are not included in the cost effectiveness calculations.

## C. Benefit Costs and Savings

### 1. Program Benefit Costs and Savings

The following schedule shows the calculation of the State's program benefit costs under the waiver.

Cost Saving Category	Costs Without The Waiver	Costs With The Waiver	Percentage of Cost Savings	Total Benefit Savings
ICF/DD 2002-2003	\$6,419,586.24	\$5,905,854.36	8%	\$513,731.88
ICF/DD 2003-2004	\$6,781,169.16	\$6,238,336.50	8%	\$524,832.66

### 2. Costs Under the Waiver

Total waiver costs are expected to be \$12,252,388.86 during the 2 year renewal waiver period. This includes \$12,144,190.86 in program benefit costs and \$108,198 in additional costs which would not have been incurred had the waiver not been implemented.

### 3. Additional Waiver Costs

The following additional costs also occur under the waiver.

#### **Contract Administration, Quality Assurance and Provider Outreach/Education = \$ 108,198**

One full time equivalent (FTE) staff person will be required for contract administration, quality assurance activities and outreach, and education of providers specific to this waiver program.

The FTE will be utilized as follows:

Contract Administration	50%	\$ 27,049.50/year
Quality Assurance Activities	25%	\$ 13,524.75/year
Provider Outreach and Education	25%	\$ 13,524.75/year

#### **Beneficiary Education and Outreach: No new costs incurred.**

Beneficiary education and outreach are currently provided by State employees for all persons requesting ICF/DD services.

**Handling Complaints, Grievances and Appeals: No new costs incurred.**

Complaints, grievances and appeals are handled under the existing system.

**3. Costs Without the Waiver**

The State projected what the costs would be without the waiver by first calculating the costs during the fiscal year 2000-2001 prior to the renewal waiver period. These cost data were then projected forward. Adjustments were made for changes in utilization, characterization of affected beneficiaries, challenges in payment rates or methodologies, and changes in other State policies, to determine what costs would be without the waiver in effect during the 2-year renewal waiver period. The documentation to demonstrate costs in the absence of the waiver is presented in Exhibit 1.

**4. Program Savings**

The schedule below shows how savings are calculated under the waiver for the renewal years.

<b>Year</b>	<b>Total Benefit Savings Expected Under the Waiver</b>	<b>Minus the Total Additional Waiver Costs</b>	<b>Program Savings</b>
<b>2002-2003</b>	\$513,731.88	\$108,198.00	\$405,533.88
<b>2003-2004</b>	\$524,832.66	\$108,198.00	\$416,634.66
<b>Total</b>	<b>\$1,038,564.54</b>	<b>\$216,396.00</b>	<b>\$822,168.54</b>

As stated earlier in the document, though the demand for this waiver has not been high, Florida wants to maintain the possibility of placement in ICFs/DD for persons with LON 1 or 2. It is therefore critical that the renewal of this waiver take place, to ensure that persons with LON 1 or 2 may have the choice of being served in an ICF/DD through this Specialized ICF/DD Waiver.